

Name
in
Full

Herbert Randolph Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

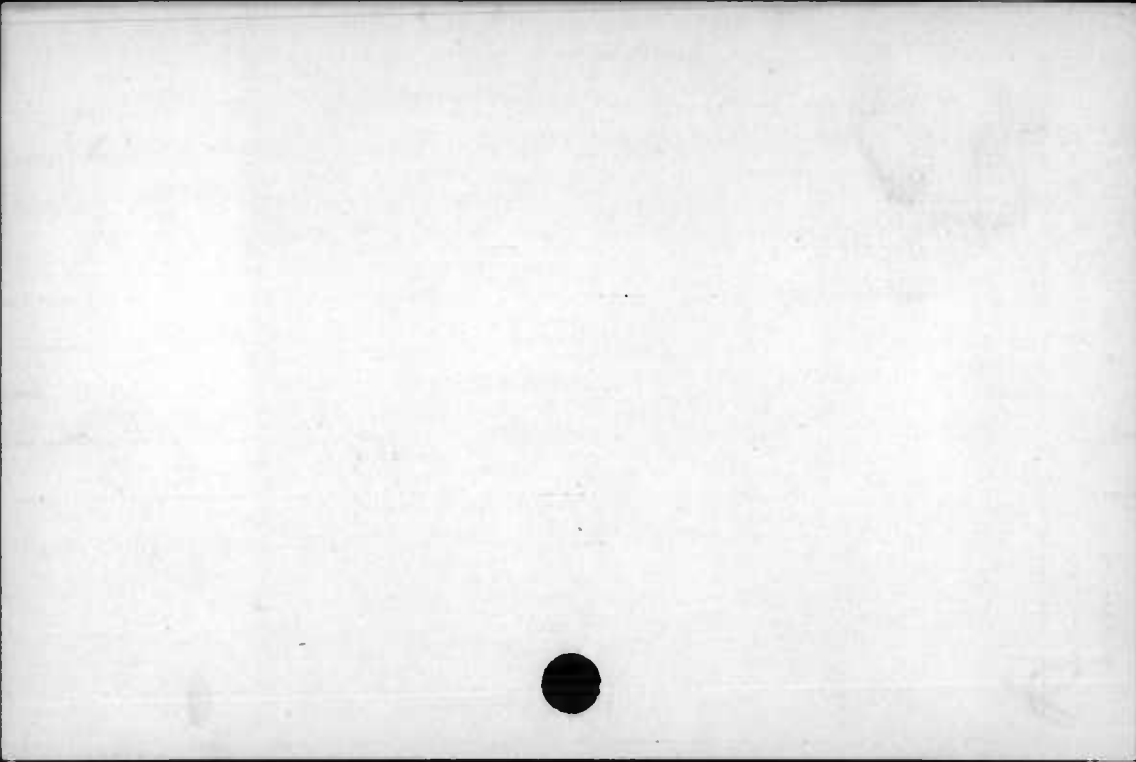
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Dec</u>	Day <u>26th</u>	Age <u>-</u>	Months	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Willis Beale</u>			Father's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name <u>Teresa Rosetto</u>			Mother's Birthplace <u>Phila. Pa.</u>		
Name of person giving information <u>Willis Beale</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

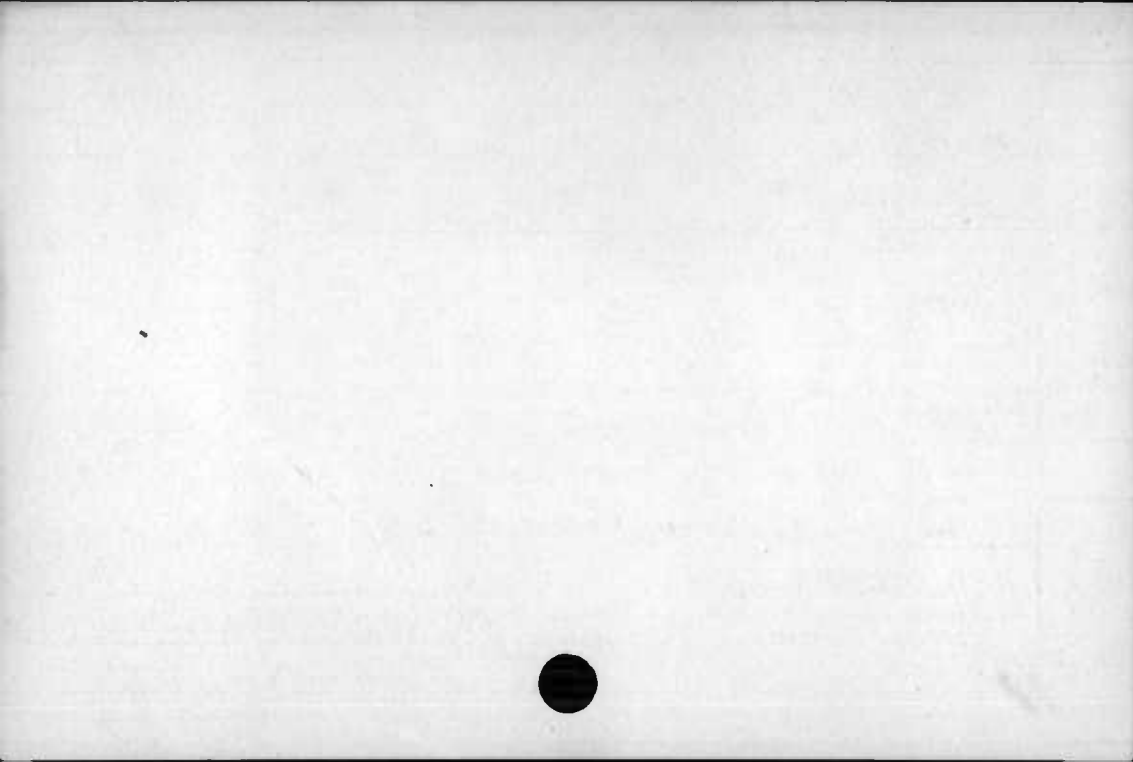
176

PHYSICIAN
OR CORONER

Primary	<u>Tuberculous lobes</u>	How long	<u>Twenty four hours</u>
Immediate	<u>Cerebral hemorrhage</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John Moore</u>	
		Address <u>Cambridge, Md.</u>	
Accident or Suicide?			



Name in Full		Katie Bennett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Salem Town		Orchester County		MARYLAND	
		Date of death 1907 Dec		Day 9		Age 15	
		Sex Female		Color or Race White		Birth-place Salem Md.	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed Single		Name of Wife or Husband			
		Father's Name Jno. G. Bennett		Father's Birthplace Theomast Md.			
Mother's Maiden Name Grace H. Sellers		Mother's Birthplace Wm. Co. Md.					
Name of person giving information Jno. G. Bennett		How related to deceased Father					
		CAUSES OF DEATH		150			
PHYSICIAN OR CORONER		Primary Unusual former illness		How long		Emphysema	
		Immediate Exhaustion		How long			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician		Guy Steele	
				Address		Cambridge Md.	
		Accident or Suicide?					



Name
in
Full

Lena May Blader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

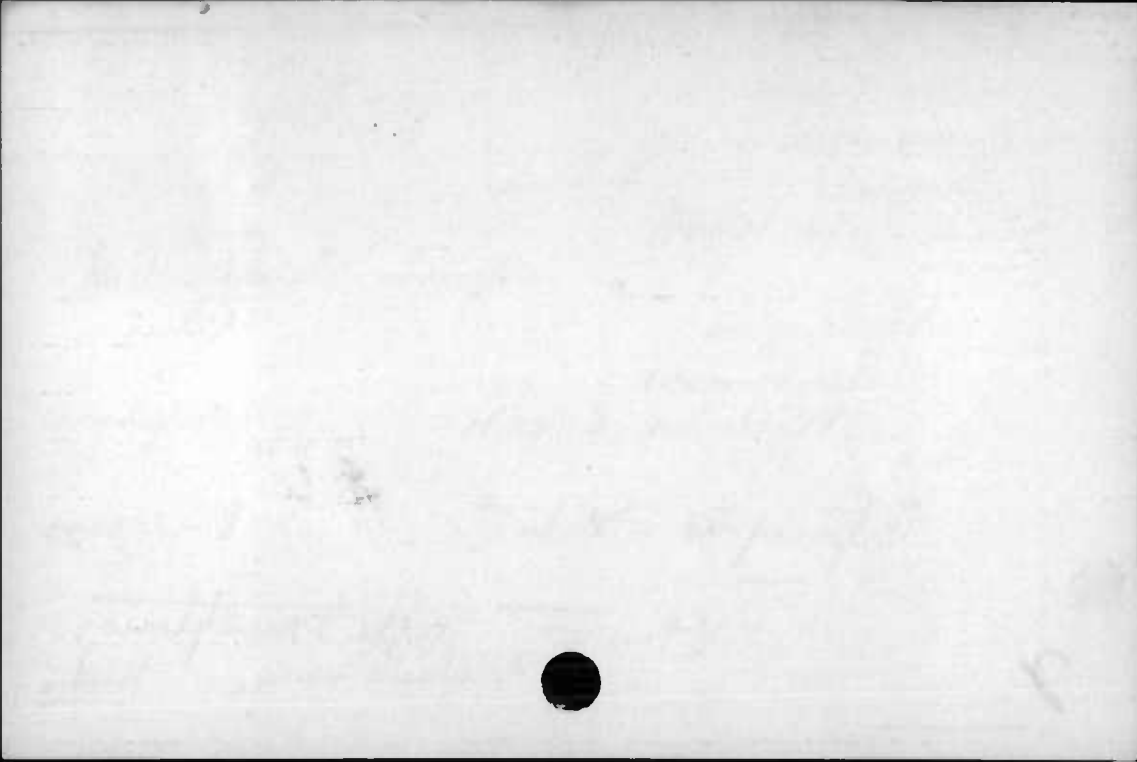
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		* MARYLAND	
Date of death	1907	Month	Dec.	Day	18
Age		22		Years	8
Sex		Female		Color or Race	White
Birth-place		Maryland			
Occupation		Seamstress			
Where Residing if not at place of death		Cambridge "			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	William E. Blader			Father's Birthplace	Maryland
Mother's Maiden Name	Addie Webb			Mother's Birthplace	"
Name of person giving information	Wm E. Blader			How related to deceased	Father

CAUSES OF DEATH

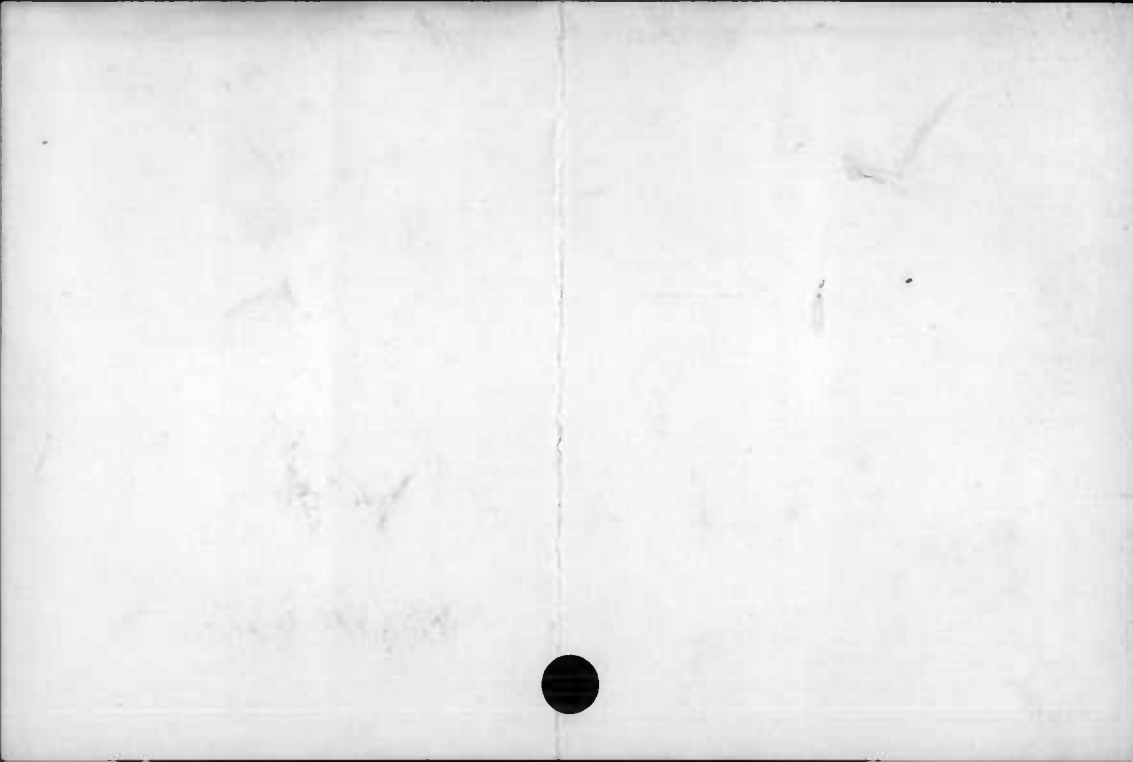
27

PHYSICIAN
OR CORONER

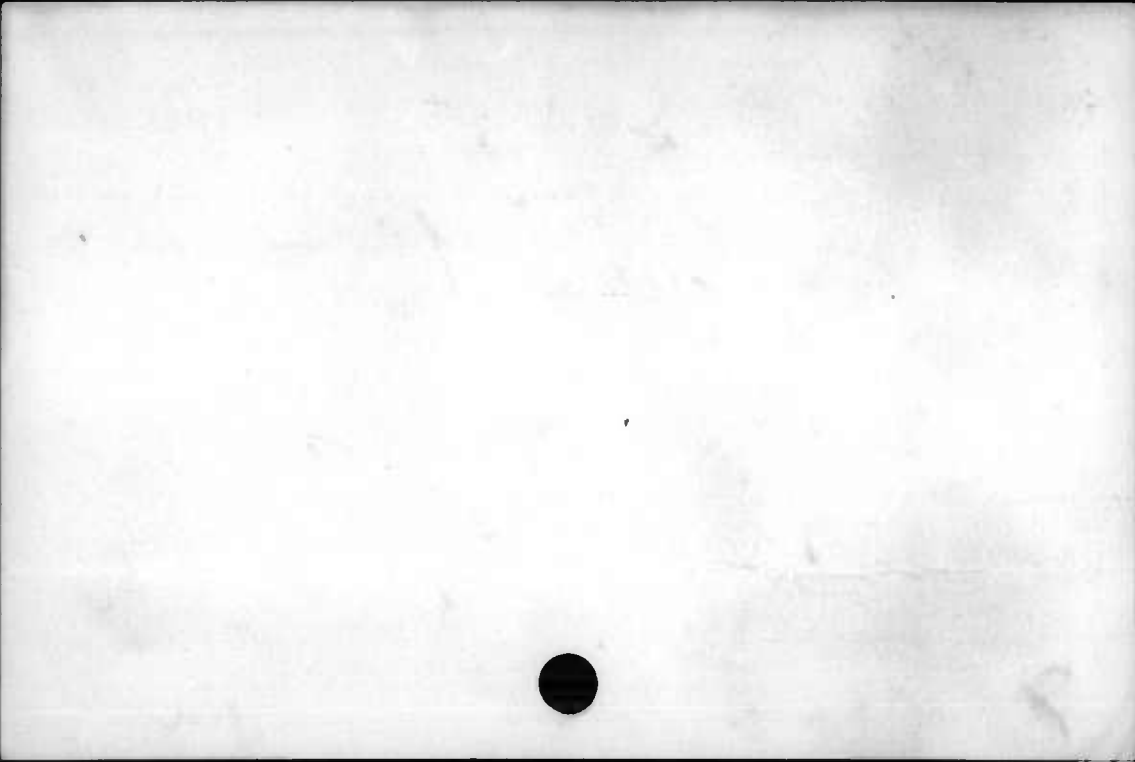
Primary	<i>Tuberculosis Pulmonalis</i>		How long	<i>12 months</i>
Immediate	<i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Morton W. Goldsborough</i>		
		Address <i>Cambridge Md</i>		
Accident or Suicide?				



Name in Full Sarah H. Budd		CERTIFICATE OF DEATH	
Died at near Federalburg, ^{Town}		Worcester, ^{County}	
Date of death 1907		Month Dec.	Day 8th
Age 75		Months 6	Days —
Sex Female	Color or Race White	Birth-place Ohio	
Occupation House-hold Work		Where Residing if not at place of death	
Married, Single or Widowed Widowed		Name of Wife or Husband James Budd - died,	
Father's Name Unknown		Father's Birthplace Ohio	
Mother's Maiden Name Unknown		Mother's Birthplace "	
Name of person giving information William Clark		How related to deceased Nephew	
CAUSES OF DEATH (69)			
Primary Epileptic Fits		How long 6-years	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician J. J. Trautman,	
		Address Federalburg, Md.	
Accident or Suicide? 8			



Name in Full William Richard Cephus		County An		CERTIFICATE OF DEATH	
Town m Hurlow		Died at m Hurlow		MARYLAND	
Date of death 1907 12		Month 12		Day 15	
Age 38		Years 38		Months 9	
Sex male		Color or Race beane		Birth-place md	
Married, Single or Widowed married		Occupation farmer			
Name of Wife or Husband Winifred Cephus					
Father's Name Wm Cephus		Father's Birthplace md			
Mother's Maiden Name Mary E. Sampson		Mother's Birthplace md			
Name of person giving information Winifred Cephus		How related to deceased wife			
CAUSES OF DEATH Accidentally fall from a horse		164			
Primary Probably broken neck		How long			
Immediate the same		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S. Rogers Myers			
		Address Hurlow			
Accident or Suicide? Accident				md	



Name

in
Full

Mary Caroline Emory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

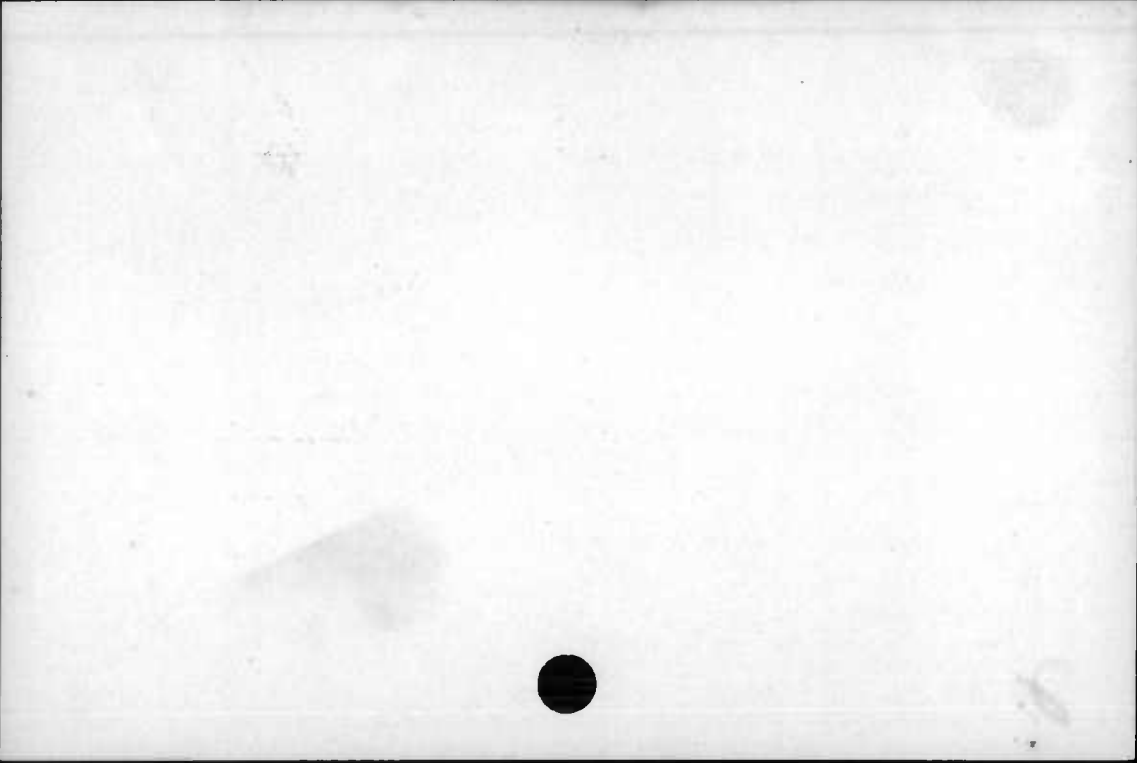
Died at <i>Church Creek</i> ^{Town}		<i>Sinchester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec.</i>	Day <i>20</i>	Age <i>61</i>	Years <i>9</i> Months <i>9</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Church Creek Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Church Creek</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Emory</i>				
Father's Name <i>John Richardson</i>	Father's Birthplace <i>Talbot Co.</i>				
Mother's Maiden Name <i>Martha Robertson</i>	Mother's Birthplace <i>Church Creek Md</i>				
Name of person giving information <i>John Richardson</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>2 years</i>
Immediate <i>Drumstick Paralysis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor E. Howell</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Devine* Town *East New Market* County *Dorchester*

Died at *East New Market* *Dorchester* MARYLAND

Date of death 1907 Month 12 Day 28 Age 73 Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Dorchester*

Occupation *Barren hand* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *don't know* Father's Birthplace " "

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving information *Thom M. Camper* How related to deceased *Married daughter*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *can't say* How long *4 days*

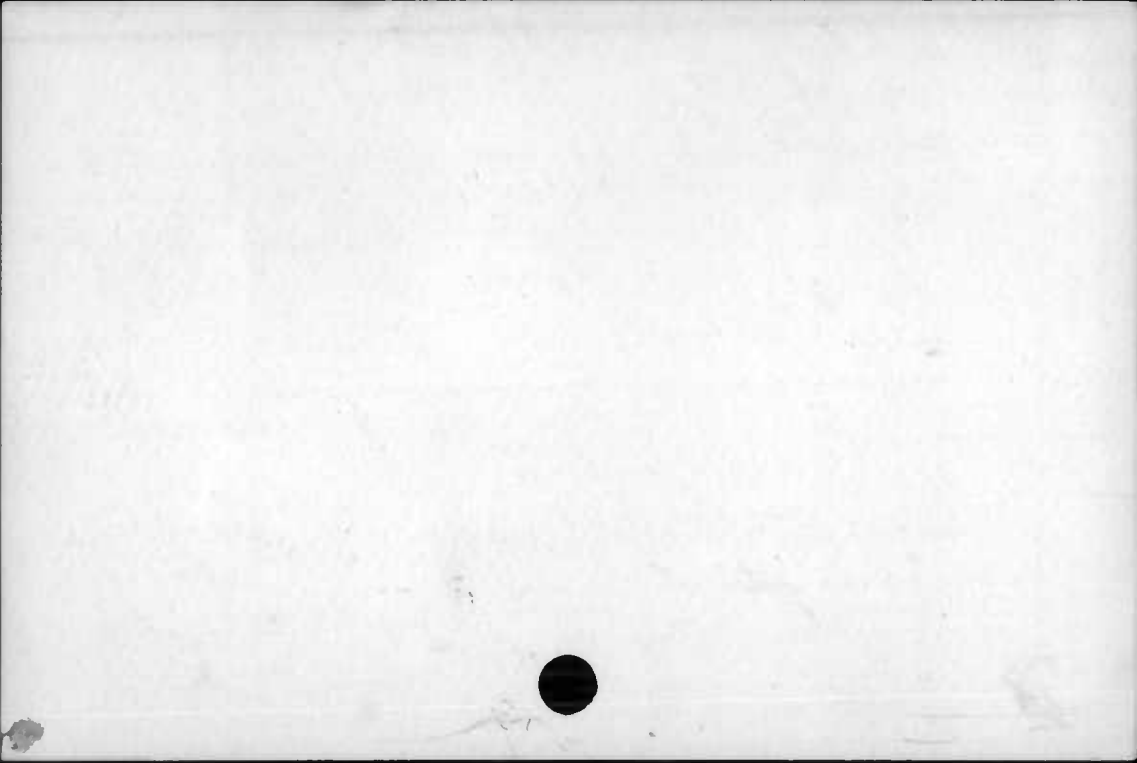
Immediate " "

Are the name, age, sex, color, date and place correctly given above? *yes*

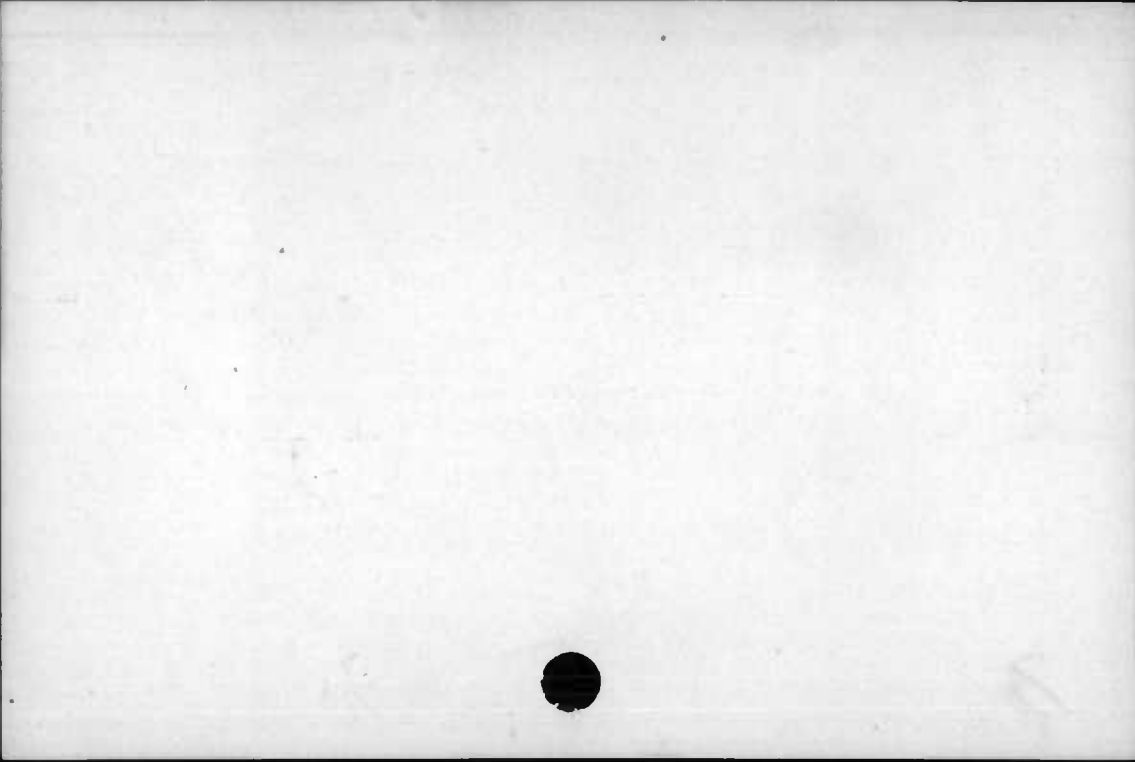
Signature of Physician *none* *Wm J. Abdele*

Address *East New Market*

Accident or Suicide?



Name in Full		Gladys Address M. Elliott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
		CAUSES OF DEATH				(150)		
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

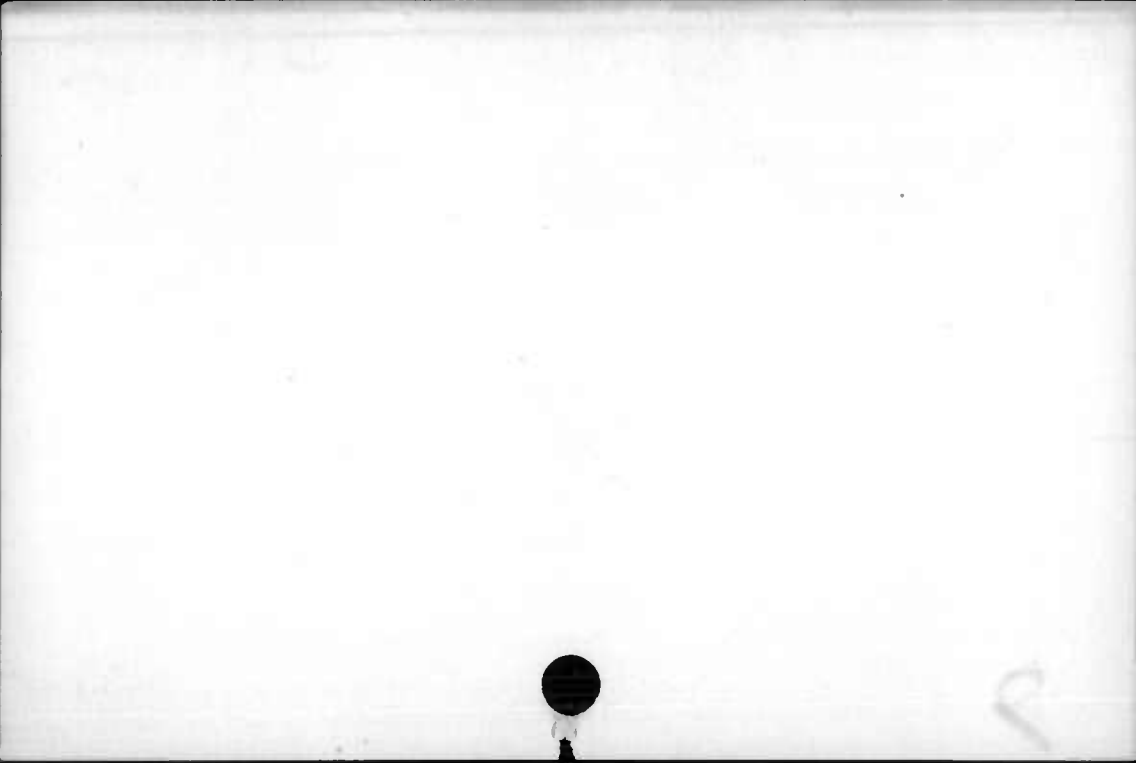
Name Mrs. Francis Flowers		Town Fishing Creek		County Dorchester		MARYLAND	
Died at		Date of death		Age		Months Days	
1907 Dec.		16th.		78		2 7	
Sex Female		Color or Race White		Birth-place Dorchester Co.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband					
Father's Name Alexander Troth		Father's Birthplace Baltimore Dorchester Co.					
Mother's Maiden Name Miami Adams		Mother's Birthplace Dorchester Co.					
Name of person giving In formation Albert Flowers		How related to deceased Son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis and interstitial nephritis	How long 2 years
Immediate	Cardiac failure	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address Fishing Creek
Accident or Suicide?		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Margaret Hamilton

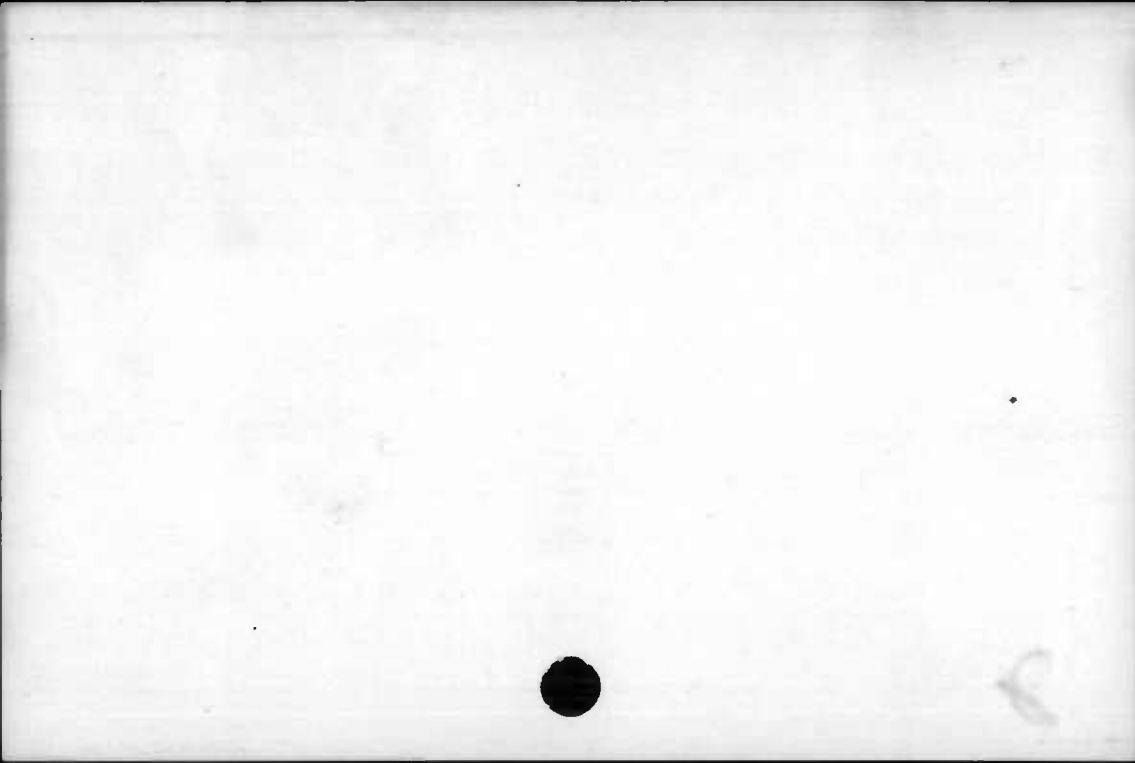
CERTIFICATE OF DEATH

Died at <i>Hells Point</i>		Town <i>Hells Point</i>		County <i>berchister</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec</i>	Day <i>31</i>	Age <i>52</i>	Years <i>52</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Wrights Md</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Edas Hamilton</i>					
Father's Name <i>David Ward</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ann Telghman</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Wm Ward</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

79

Primary <i>Asthma + Organic heart dis</i>	How long <i>6 mos</i>
Immediate <i>5 wks</i>	How long <i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>R 760 - Cambridge Md</i>
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

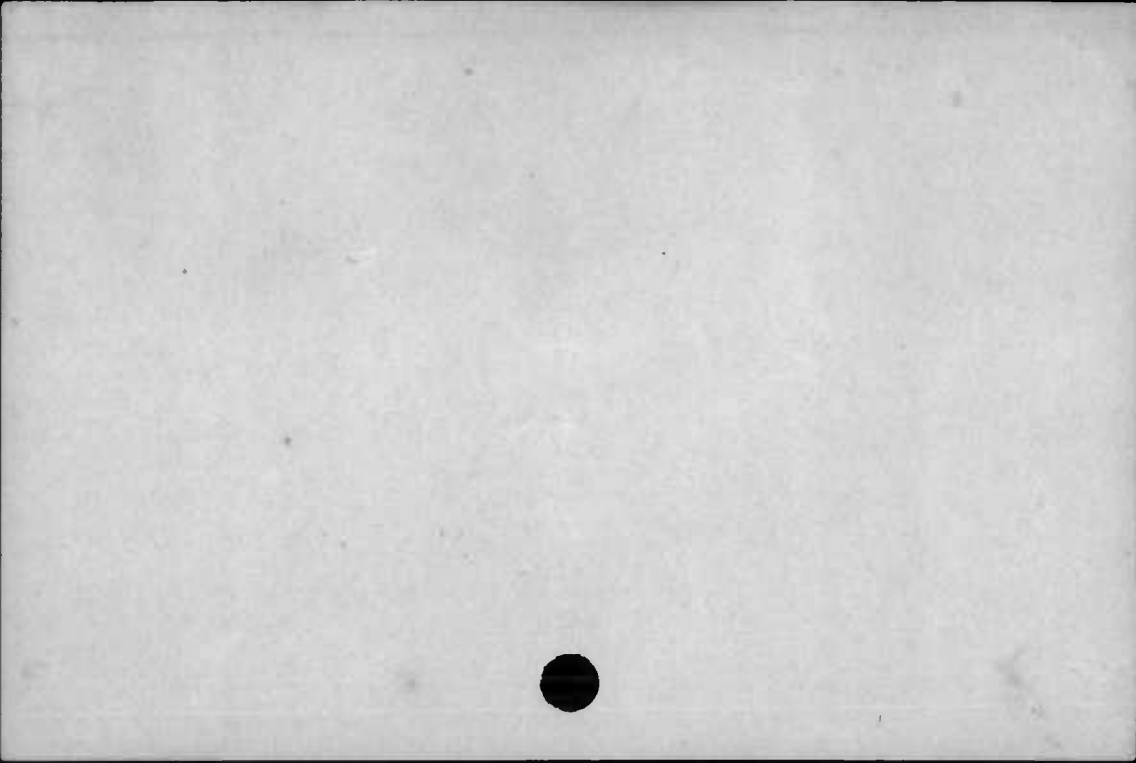
Died at <i>Applegarth</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND		
Date of death	<i>1907</i> ^{Year}	<i>Dec</i> ^{Month}	<i>4</i> ^{Day}	Age <i>2</i> ^{Years}	<i>2</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Applegarth</i>			
Occupation <i>none</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>	Name of Wife or Husband					
Father's Name <i>James Holder</i>	Father's Birthplace <i>Dorchester Co</i>					
Mother's Maiden Name <i>Savina Smith</i>	Mother's Birthplace <i>Wicomico Co</i>					
Name of person giving information <i>James Holder</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Suffocated</i>	How long <i>instantly</i>
Immediate	<i>Suffocated</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Coroner</i>	Address <i>Laurence P. Ashby</i>
<i>B.R.</i> <i>Accidental</i>	Accident or suicide	



Name
in
Full

John W. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

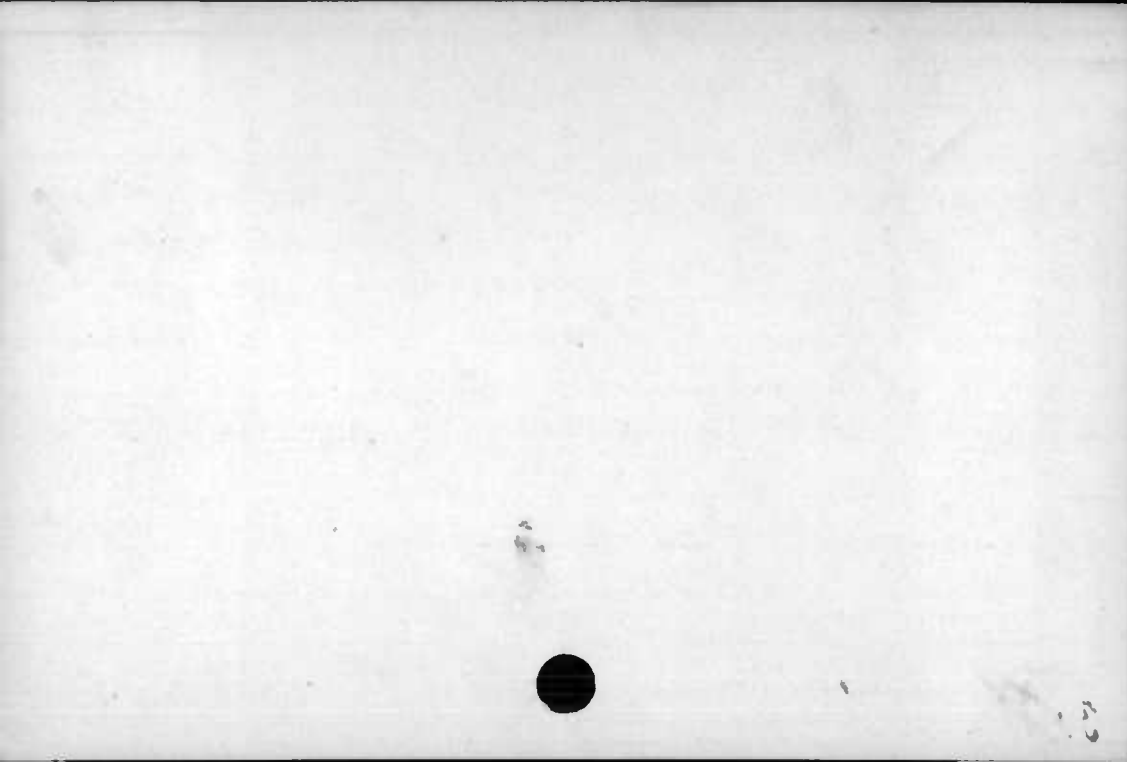
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>25</i>	Age <i>46</i> Years	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Oysterman</i>			Where Residing if not at place of death <i>Cambridge "</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Hughes</i>			
Father's Name <i>Barzilla Hughes</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Susan Todd</i>			Mother's Birthplace <i>Id.</i>		
Name of person giving information <i>Elizabeth Hughes</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

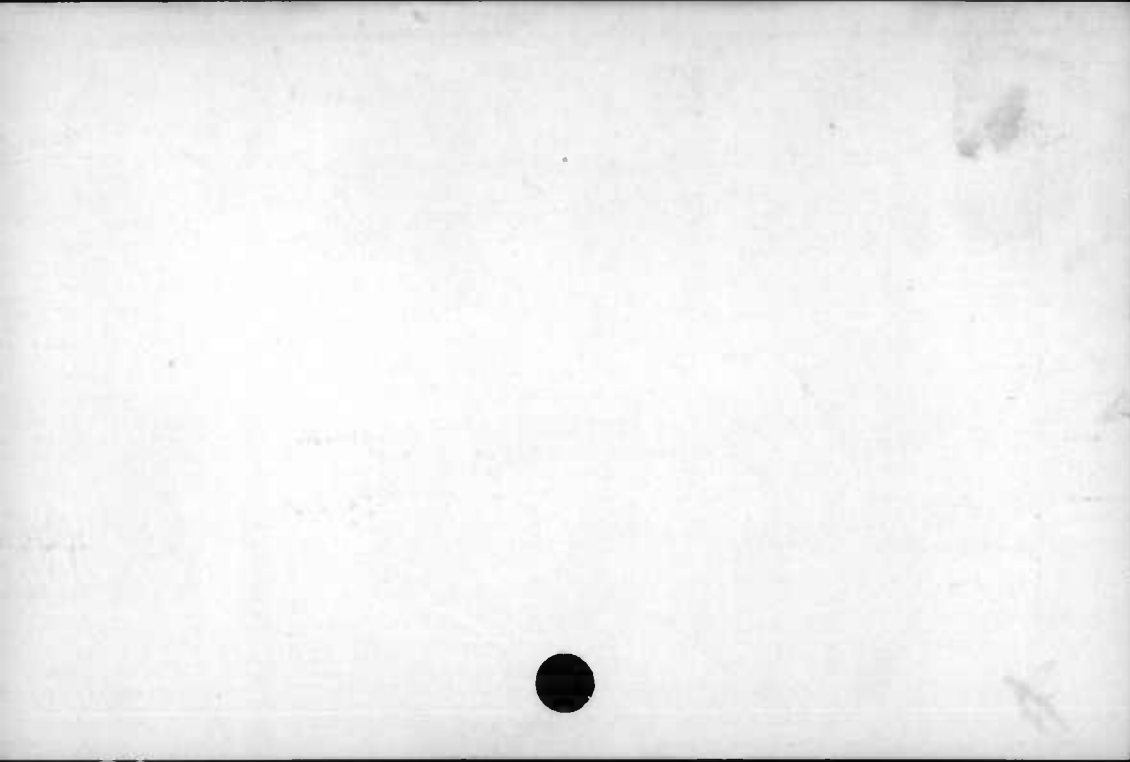
120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>2 yrs. & my knowledge</i>
Immediate <i>Heart Failure</i>	How long <i>Very short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
<i>X</i>	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name In Full		Summersfield Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Dails Village		County	
		Date of death		1907 Dec 6		Age	
		Sex		Male		Color or Race	
		Occupation		Farmer		Where Residing if not at place of death	
		Married, Single or Widowed		Married		Name of Wife or Husband	
		Father's Name		Levin B. Lewis		Father's Birthplace	
		Mother's Maiden Name		Margaret Marshall		Mother's Birthplace	
		Name of person giving information		Wm B. Brannock		How related to deceased	
				79			
PHYSICIAN OR CORONER		Primary		Nutrat Regur Fatigue		How long	
		Immediate		Long picture of Lung		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
						Address	
		Accident or Suicide?					



Name
in
Full

Elvie Louis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *East New Market* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *12* ^{Day} *6* ^{Years} *6* ^{Months} *14* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Dorchester*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Emery S. Louis* Father's Birthplace *Dor co*

Mother's Maiden Name *May Woolen* Mother's Birthplace *" "*

Name of person giving information *W. J. Woolen* How related to deceased *Grand father*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *Meningitis* ^{How long} *3 weeks*

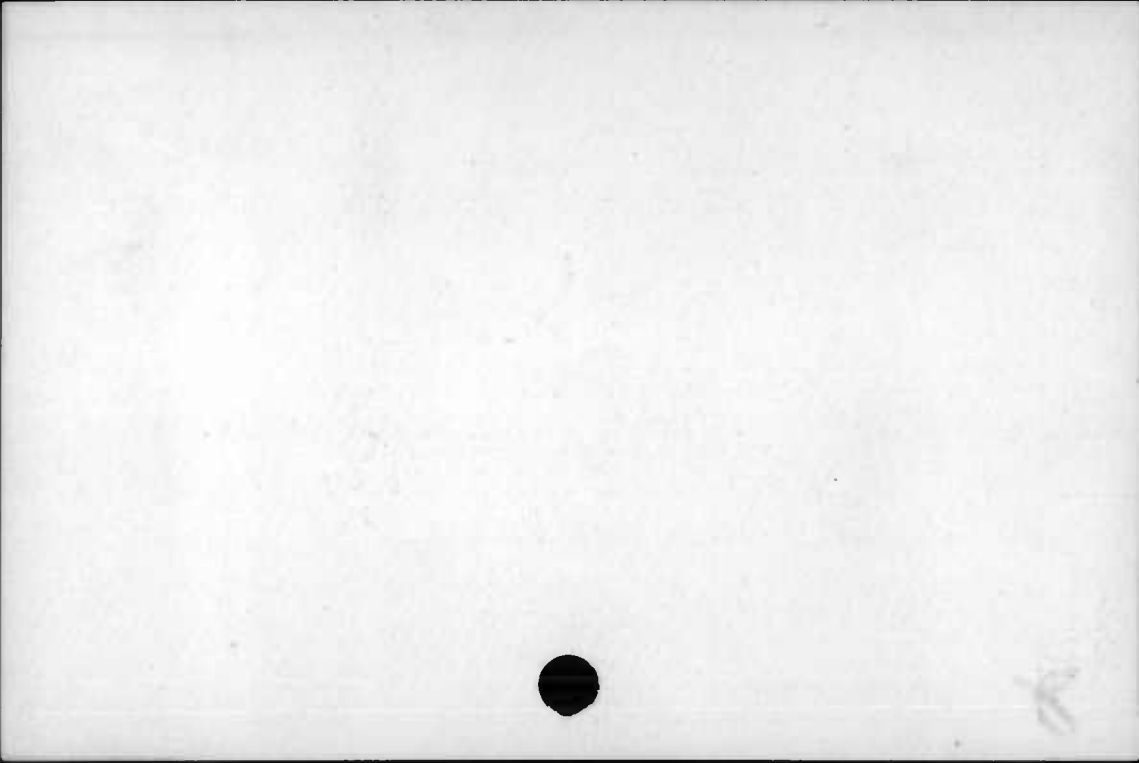
Immediate *Convulsion* ^{How long} _____

Are the name, age, sex, color, date and place correctly given above? *yes*

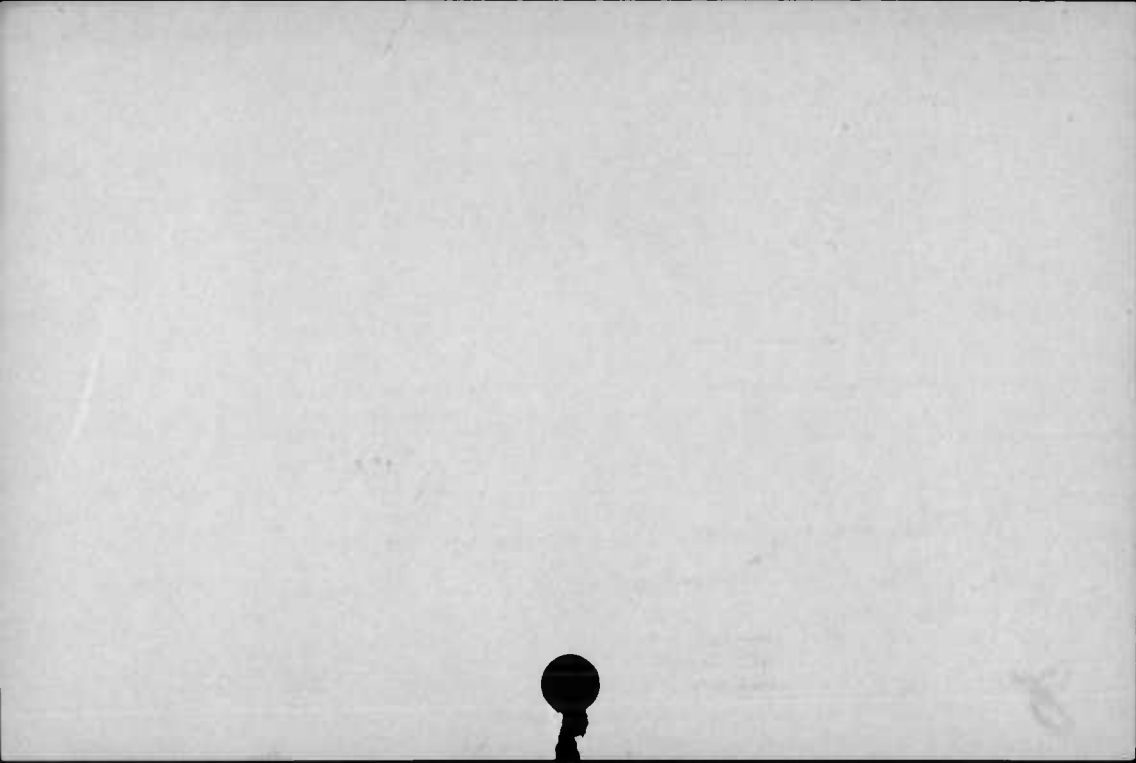
Signature of Physician *Edward L. Jones*

Address *East New Market, Md.*

Accident or Suicide? _____



Name in Full		Maggie		Marshall		CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Thomas		Borchester		
	Date of death	1907	Month	Dec	Day	17	Age
					Years	22	Months
					Days		
	Sex	Female		Color or Race	White		Birth-place
					James. Ind		
	Occupation	Housewife		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Married		Name of Wife or Husband	Robt. C Marshall		
	Father's Name	Jas R Seward		Father's Birthplace	Ind		
	Mother's Maiden Name	Frances Hubbard		Mother's Birthplace	Ind		
	Name of person giving information	S E Marshall		How related to deceased	Bro. in law		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	1 mo
	Immediate	Broncho-pneumonia				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				S A Stokes		
	Address				Cambridge Ind R # 65		
Accident or Suicide?							



Name
in
Full

Florence Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>Decr.</i>	<i>10th</i>	<i>20</i>	<i>20</i>	<i>9</i>
Sex	Color or Race		Birth-place		
<i>Female</i>	<i>colored</i>		<i>Somerset Co</i>		
Occupation			Where Residing if not at place of death		
<i>none</i>			<i>—</i>		
Married Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>—</i>				
Father's Name	Father's Birthplace				
<i>John Matthews</i>	<i>Accomas Co Va</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Hester Ballant</i>	<i>Worcester Co.</i>				
Name of person giving information	How related to deceased				
<i>John Matthews</i>	<i>Father</i>				



CAUSES OF DEATH

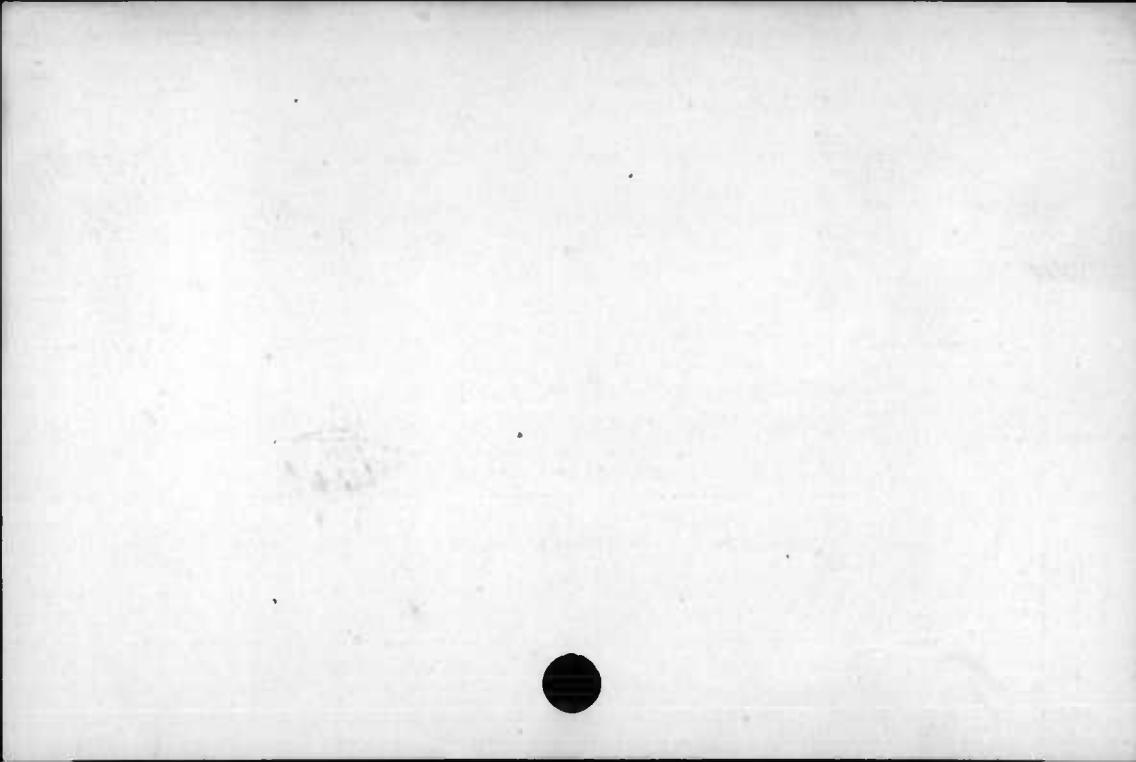
119

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>1 week</i>
Immediate	<i>Uremia</i>	How long	<i>2 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>8</i>		<i>Martin H Goldsborough</i>	
		Address	
		<i>Cambridge</i>	
Accident or Suicide?			



Name in Full		Calvert Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Worcester		MARYLAND	
	Date of death	1907	Month Dec	Day 21	Age 62	Months -	Days 1
	Sex	Male		Color or Race	White	Birth- place	Keimond Ind.
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Emma K. Johnson			
	Father's Name	Geo. M. Orin				Father's Birthplace	Ind.
	Mother's Maiden Name	Louisa Vicpers				Mother's Birthplace	W. Co Ind.
Name of person giving in formation	Emma K. Orin				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebral hemorrhage				How long	4 days -
	Immediate	Exhaustion from hemiplegia				How long	-
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
			Address		Cambridge Ind.		
							
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

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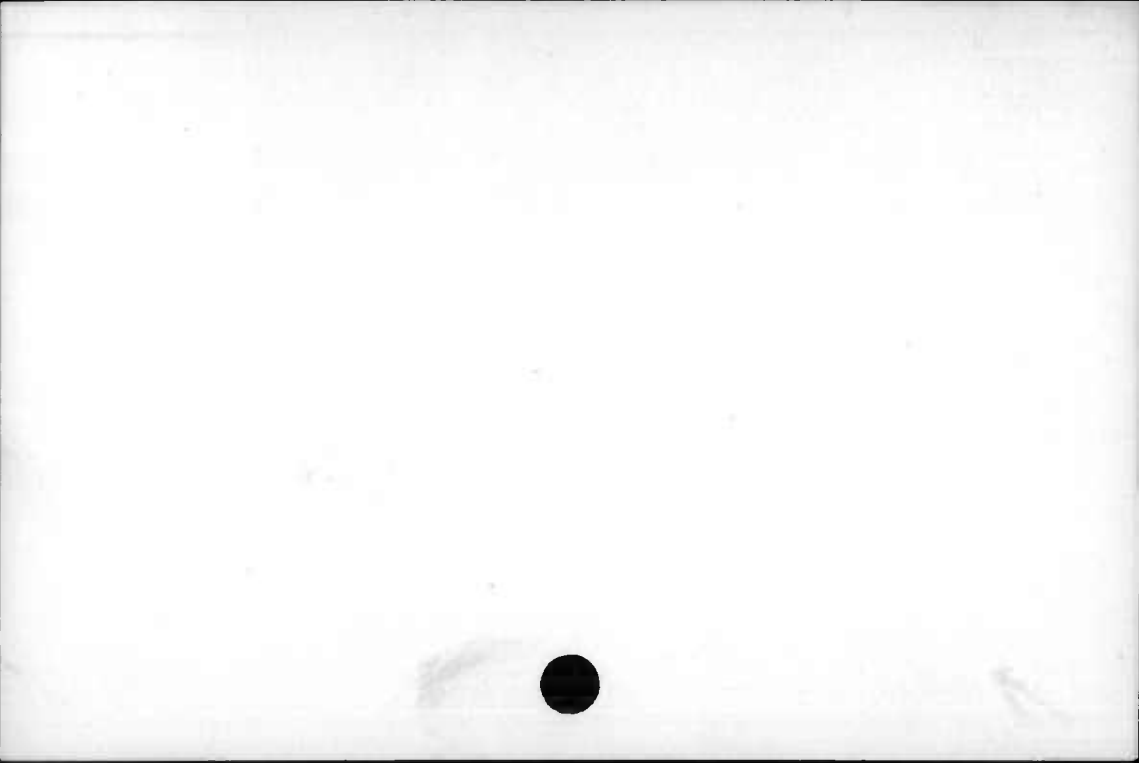
Name in Full <i>Katharine Travers</i>		Town <i>Fishing Creek</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Fishing Creek</i>		Month <i>Dec</i>		Day <i>3</i>		Years <i>53</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>24</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Dorchester</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thos. H. Travers</i>					
Father's Name <i>Lee Lewis</i>		Father's Birthplace <i>Dorchester</i>					
Mother's Maiden Name <i>Dorinda Harper</i>		Mother's Birthplace <i>Dorchester</i>					
Name of person giving information <i>Thos. H. Travers</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>Do not know.</i>	
Immediate <i>General Tuberculosis</i>		How long <i>3 months.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Houston</i>	
Address <i>Fishing Creek</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

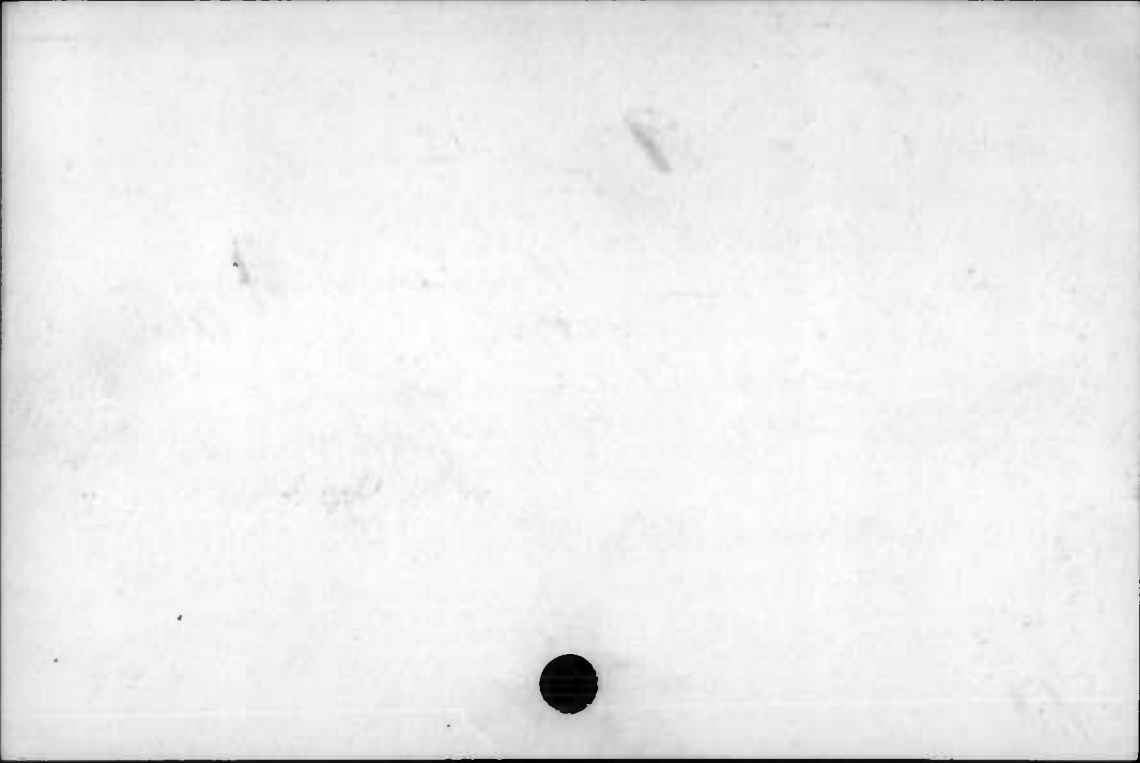
Died at <i>East New Market</i> ^{Town} <i>Dorchester</i> ^{County} <i>CO</i> MARYLAND	
Date of death <i>1907</i> ^{Month} <i>12</i> ^{Day} <i>9</i> ^{Age} <i>19</i> ^{Years} <i>19</i> ^{Months} <i>19</i> ^{Days} <i>19</i>	
Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Dorchester CO</i>	
Occupation <i>House Wife</i> Where Residing if not at place of death	
Married, Single <i>Single</i> Name of Wife or Husband <i>Grover Tubman</i>	
Father's Name <i>Thos Leobrown</i> Father's Birthplace <i>Dorchester</i>	
Mother's Maiden Name <i>Lorna Wright</i> Mother's Birthplace <i>Dorchester</i>	
Name of person giving information <i>George Wheatley</i> How related to deceased <i>friend</i>	

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary <i>Child Birth</i> How long <i>2 1/2 hours</i>	
Immediate <i>Shock from uterine hemorrhage</i> How long <i>18 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward L. Jones</i>
	Address <i>East New Market, Md.</i>
Accident or Suicide?	



Name
in
Full

Columbus Wheatley

CERTIFICATE OF DEATH

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NEAREST FRIEND

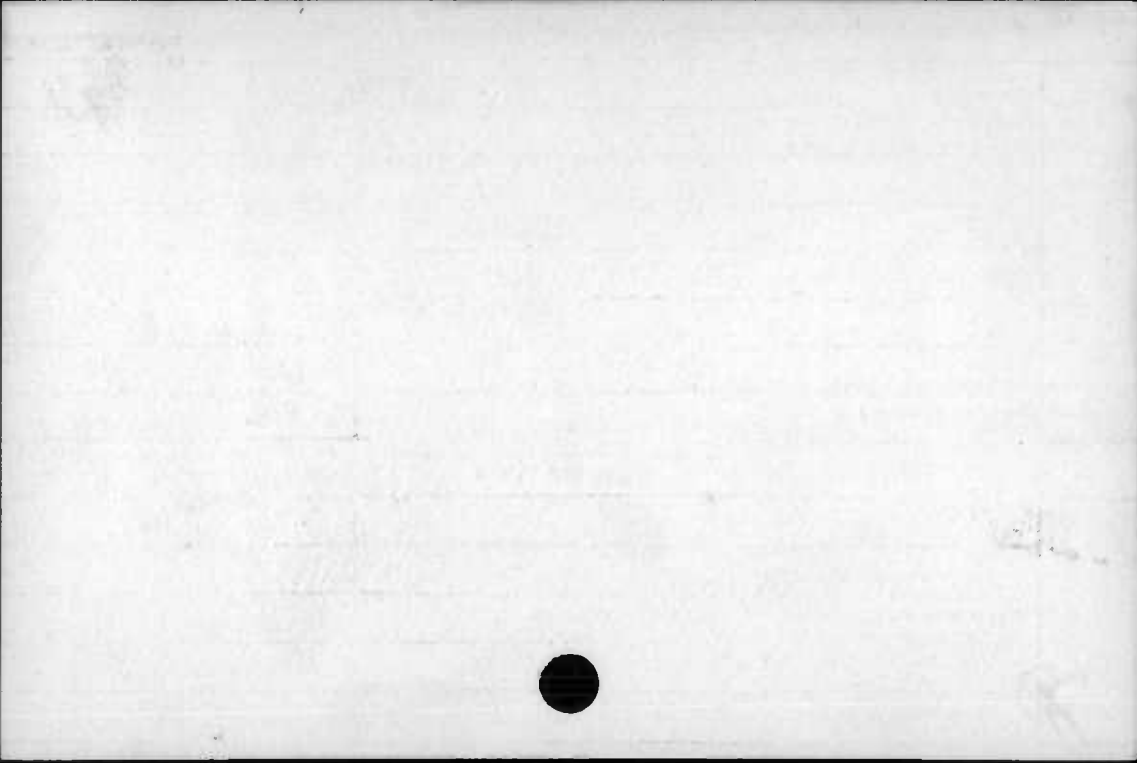
Died at <i>Thompson's</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>26th</i>	Age <i>7</i>	Months <i>3 months</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Thompson's</i>	
Occupation <i>School boy</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>James H. Wheatley</i>		Father's Birthplace <i>Dorchester Co.</i>			
Mother's Maiden Name <i>Henrietta Wilson</i>		Mother's Birthplace <i>Dorchester Co.</i>			
Name of person giving information <i>James H. Wheatley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (Primary)</i>	How long <i>5 days.</i>
Immediate <i>Heart Failure</i>	How long <i>Very short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide? _____	



Name
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Harris Wilson

CERTIFICATE OF DEATH

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NEAREST FRIEND

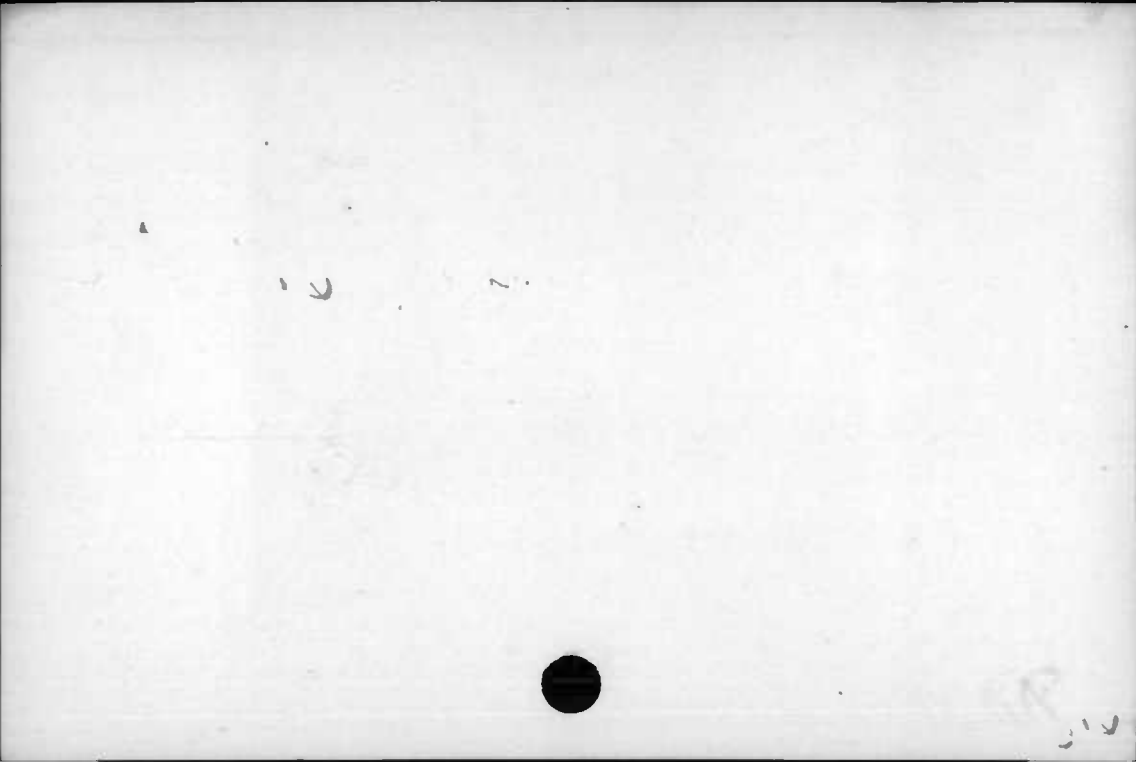
Died at <i>Aireys</i> Town		<i>Dor.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i> Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Aireys</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>W. G. Wilson</i>	Father's Birthplace <i>Aireys</i>				
Mother's Maiden Name <i>Emma Stanley</i>	Mother's Birthplace <i>Aireys</i>				
Name of person giving information <i>Josiah Stanley</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Very bad cold</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Had none</i>
	Address <i>Mr. Fort J. D. Sub. Treas. Aireys</i>
Accident or Suicide?	



Name
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William James Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec.</i>	Day <i>1</i>	Years <i>72</i>	Months — Days —
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>		
Occupation <i>Blacksmith</i>			Where Residing if not at place of death —		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Leah Baltimore</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Lemuel Woolford</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis -</i>	How long <i>Don't know ex J only saw him twice</i>
Immediate <i>Exhaustion</i>	How long <i>2 1/2 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
<i>Accident or Suicide?</i>	Address <i>Cambridge, Ind.</i>

Name
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Full

CERTIFICATE OF DEATH

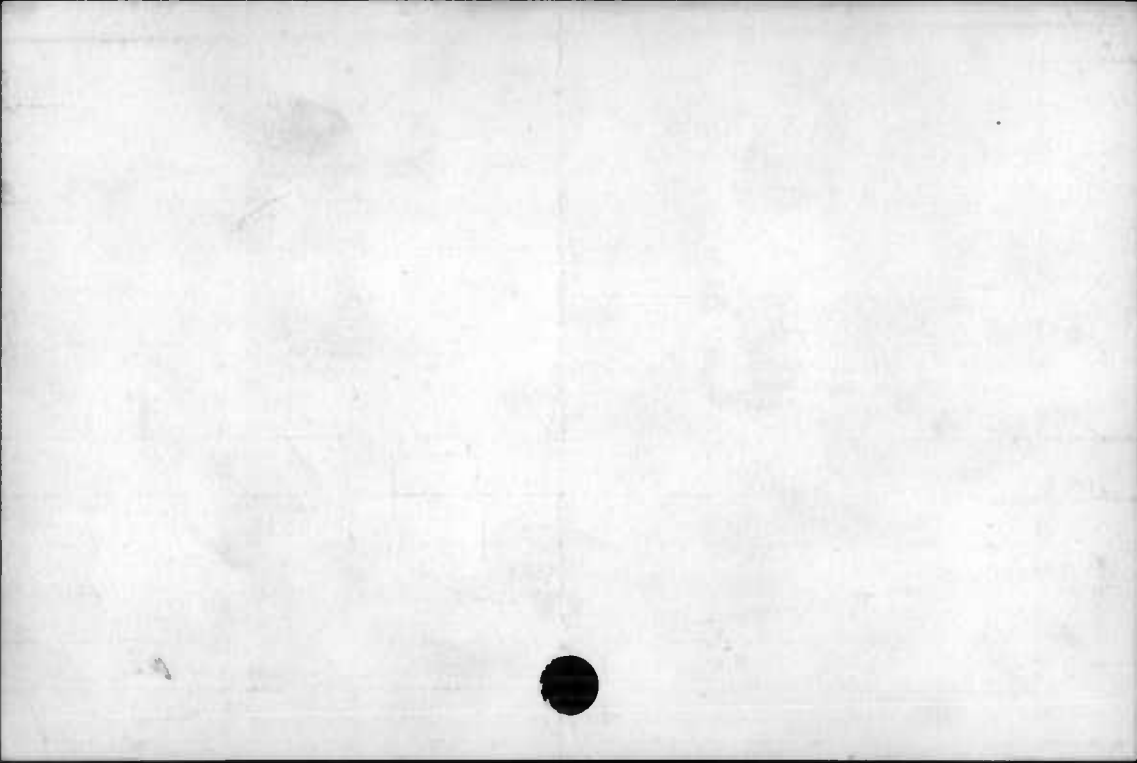
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Hysong</i>		Town <i>Hysong</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907 Dec - 24</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Hysong</i>		Months <i>7</i>	
Occupation <i>School girl</i>		Where Residing if not at place of death <i>at place of death</i>		Years <i>11</i>		Days <i>24</i>	
Married, Single or widowed		Name of Wife or Husband					
Father's Name <i>Wm W. Wright</i>		Father's Birthplace <i>Canada</i>					
Mother's Maiden Name <i>Kirby</i>		Mother's Birthplace <i>Talbot Co.</i>					
Name of person giving information <i>Kirby Wright</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>meningitis</i>	How long <i>two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Noble</i>
	Address <i>Princeton</i>
Accident or Suicide? <i>No</i>	<i>me</i>



Name
in
Full

Howard H Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hawkey</i>		Town <i>Hawkey</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>12</i>		Day <i>17</i>		Age <i>21</i>	
Sex <i>male</i>		Color or Race <i>Black African</i>		Birth-place <i>near Hawkey</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>same place</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Jos. Sampson</i>		Father's Birthplace <i>near New Market</i>					
Mother's Maiden Name <i>Marie H Young</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>David Jones</i>		How related to deceased <i>neighbor</i>					

CAUSES OF DEATH

sup cold

(87)

Primary *sup cold*

How long *20 days*

Immediate *" "*

How long *20 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

None

Address

*Wm J. Abdell Dr
East New Market Md.*

Accident or Suicide?

